

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: New Milford Board of Education County: Bergen
Employee Organization: New Milford Association of Educational Secretaries Employees in Unit: 13
Base Year Contract Term: 7/1/2014 6/30/2014 New Contract Term 7/2/2014 6/30/2017
Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

		<u>Column A</u> <u>Base Year - Total Costs</u> <u>(Last Year of Previous agreement)</u>	<u>Column B</u> <u>New Base Year - Total Costs</u> <u>(First Year of Successor agreement)</u>
Section II: Economic		<u>\$545,965</u>	<u>\$560,706</u>
Item 1 <u>Salary</u>		<u></u>	<u></u>
Item 2 <u>Increment</u>		<u></u>	<u></u>
Item 3 <u>Length of Service</u>		<u></u>	<u></u>
Item 4 <u></u>		<u></u>	<u></u>
Item 5 <u></u>		<u></u>	<u></u>
Item 6 <u></u>		<u></u>	<u></u>
Item 7 <u></u>		<u></u>	<u></u>
Item 8 <u></u>		<u></u>	<u></u>
Item 9 <u></u>		<u></u>	<u></u>
Item 10 <u></u>		<u></u>	<u></u>
Item 11 <u></u>		<u></u>	<u></u>
Item 12 <u></u>		<u></u>	<u></u>
Any additional items list on separate sheet		Additional Items	
Section III: Totals - Sum of costs in each column		<u>\$545,965</u> (Total)	<u>\$560,706</u> (Total)

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) **\$545,965**

Effective Date (mm/yyyy)	<u>7/1/2014</u>	<u>7/1/2015</u>	<u>7/1/2016</u>			
Percent Increase	<u>2.7</u>	<u>2.6</u>	<u>2.5</u>			
Total cost of increase	<u>\$14,741</u>	<u>\$14,578</u>	<u>\$14,362</u>			
Total base salary (successor agreement)	<u>\$560,706</u>	<u>\$575,264</u>	<u>\$589,668</u>			

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) **2.60**
Dollar Impact (average per year over term of agreement) **\$14,567.00**

Section VI

Health Insurance (Individual costs associated with each item)	Base Year	Year 1				
Cost of Health Plan	<u>\$226,646</u>	<u>\$239,821</u>				
Employee Contributions	<u>\$14,641</u>	<u>\$20,416</u>				
Prescription	<u></u>	<u></u>				
Dental	<u>\$24,371</u>	<u>\$24,371</u>				
Vision	<u>\$7,761</u>	<u>\$7,761</u>				

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punishment.

Section VII

Prepared by: Donna Heinzmann Title: Assistant Business Administrator
Print Name: Donna Heinzmann Signature: 11/20/2014